

BUREAU OF EMERGENCY MEDICAL SERVICES

TRAUMA PATIENT REGISTRY INCLUSION DEFINITION

The Trauma Patient Registry Inclusion Definition is to be used to identify a trauma patient to be reported by a participating hospital to the State Trauma Registry. The definition was adopted by the State Trauma Advisory Board on July 22, 1999, and modified by the State Trauma Advisory Board on September 23, 2004.

1. Any patient who is triaged from an injury scene to a trauma center or emergency department based upon field trauma triage guideline; **OR**
2. Is evaluated in a trauma center or emergency department by a trauma team; **OR**
3. Any injured patient who has an ICD-9 CM between 800.00 and 959.9 and is transferred to a trauma center from a health care facility for a higher level of care; **OR**
4. Any injured patient who is transferred to a trauma center service from other services within the trauma center; **OR**
5. Any injured patient who dies after arrival in ED or as an in-patient;¹ **OR**
6. Any injured patient who has an ICD-CM N code between 800.00 and 959.9, including burns with trauma, and is discharged from the hospital with at least one of the following:
 - A. Cranial, thoracic, abdominal, or vascular operation;
 - B. Admission to Intensive Care;
 - C. Hospitalization for three or more days; or
 - D. Two or more long bone, pelvic, or spinal fractures.¹

¹ NOTE to #5 and #6: This data does not include: poisoning, drowning, suffocation, isolated burns, hyperthermia, thirst/dehydration, radiological injury, envenomation, lighting/electrical injury, patients over 55 years of age falling from same height with isolated hip fractures, single bone orthopedic injuries with an AIS of 2 or less, N code 905-909 (late effects of injuries), N-code 910-924 (blisters, contusions, abrasions, insect bite), or N code 930-939 (foreign bodies).